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ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. *115*

County Registrar No. *637*

Local Registrar No.

1. County of *Gila*

District of

Town of *Miami*

or

City of

No. *90 Kinney Drive* St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Evangelina Castillo*

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child *Female*

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? *yes*

7. Date of birth *May 4, 1926.*
Month / Day / Year

8. FATHER

Full name *Selso Castillo*

14. MOTHER

Full maiden name *Josephina Olguin*

9. Residence (Usual place of abode) *Miami,*
If non-resident, give place and state. *Arizona*

15. Residence (Usual place of abode) *Miami,*
If non-resident, give place and state. *Arizona*

10. Color or race *Mex.*

11. Age at last birthday *24* (Years)

16. Color or race *Mex.*

17. Age at last birthday *21* (Years)

12. Birthplace (city or place) *Chihuahua*
(State or country) *Mex.*

18. Birthplace (city or place) *Chihuahua,*
(State or country) *Mex.*

13. Occupation
Nature of industry *Miner*

19. Occupation
Nature of industry *Housewife*

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living *2*
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born* at *4 30* A. m. on the date above stated
(Born alive or stillborn).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *Cyril M. Cron M.D.*
(Physician or midwife).

Address *Miami, Ariz.*

Given name added from a supplemental report _____
Month, day, year

Filed *June 2, 26* 19 ____ *Rd. E. Cron*
Local Registrar.

Filed _____, 19 ____
County Registrar.

Registrar

S36-504-161